Arizona Department of Health Services
Bureau of EMS & Trauma System / Bureau of Public Health Statistics
Trauma Registry Users Group (TRUG)

Trauma Registry Users Group (TRUG) Meeting Minutes
Wednesday, November 14, 2007 9:30 a.m. – 11:30 a.m.
Location: Arizona Dept. of Health Services
150 North 18th Avenue Phoenix AZ 85007
5th Floor – 540A Conference Room
Contact: Anita Ray 602-542-1245 raya@azdhs.gov

Attendees:

Diana Bencomo	Vicki Bennett	Debra Brown	Jane Burney
Vatsal Chikani	Lillian Duncan	Karen Helmer	Valerie Hill
Claire Holmes	Shawna Hosler	Suzanna Hubbard	Rose Johnson
Kelley Lewellyn	Cynthia Marks	Beth Mlenar	Melissa Moyer
Donna Quay	Anita Ray	Erzsebet Szabo	Linda Tuck
Veronica Videa	Cristina Wong	Linda Worthy	Georgia A. Yee

A) TRUG member introductions – Welcome to our new TRUG members! ☺

B) Data Submission

1) Next data submission due date is January 2, 2008 for ED/Hospital Arrival months of July - Sept. 2007.

2) A Deleted Record Notification form was emailed to TRUG. Please fax this form to ASTR if you delete a case after it has already been exported to ASTR. The software does not track and remove deleted records at export, so this form will help us keep ASTR case numbers consistent with what is in hospital registries.

3) Audit Checks and Blank field checks
   a) We were able to identify and resolve several database import/export problems using the blank field checks. 2007 data checks will be initiated after the 2008 change documentation is completed. Trauma Registry Manager is working with Lancet to create a data validation tool that will check the quarterly data at the hospital level before it is sent to ASTR.

4) Trauma Registry Rulemaking was approved by the Governor's Regulatory Review Council. Rules will go into effect January 2008.

C) Discussion on aligning ASTR with National Trauma Registry Data Standards

a) Trauma Registry Manager is completing documentation detailing the 2008 system differences in comparison to the current ASTR system. These changes will apply to ED ARRIVAL DATES January 1, 2008 forward and all reporting systems must match the new data standards. The system change information is being forwarded to Lancet for review and Trauma Registry Manager is awaiting a response from the software vendor on time frames. Hospitals will be contacted regarding the schedule of implementation, once the schedule is determined. Hospital staff will need to work with Lancet to identify any hospital-specific issues with the changes.

b) TRUG discussed how to enter 2008 data according to the new standards but still allow for data entry and changes to the 2007 data. Trauma Registry Manager spoke to Lancet after the meeting and obtained the following information on the options brought up: 1. There is no way for us to have 2 separate trauma databases running at the same time – would be an "IT nightmare". 2. Archiving the 2007 and prior data would make reporting difficult and not allow for any entry or changes to 2007 data. 3. The databases are not sophisticated enough to display different picklist choices depending upon the ED Arrival Date entered. Considering all of this, the best solution at this point seems to be to maintain 2007 and 2008 picklist menus for fields that are captured in both 2007 and 2008. Once we complete the last of the 2007 changes, we will update the picklist choices with only 2008 drop-down menus. Trauma Registry Manager will notify TRUG if any other options are available.

c) 2008 Data Dictionary and User Manual are being updated for TRUG review.

d) 2008 ASTR new items for TRUG review:

(i) FYI - The acronym NTDS refers to the National Trauma Data Standard. This is the national standard that must be followed when submitting data to the National Trauma Data Bank (NTDB). NTDS and NTDB standards refer to the national trauma data standards that are required by the American College of Surgeons. For more information on the National Trauma Data Standard, please go to http://www.ntdsdictionary.org/index.html

(ii) FIPS codes for Residence and Injury Locations – NTDS requires FIPS location data be submitted whenever a valid zip code is missing. Applying FIPS would require either: 1) a change to the current address system format or 2) special NTDB export instructions whenever a zip code is missing. TRUG decided for now to keep the current system format (for city, county, state and country fields). Every effort should be made by the registrar to obtain zip code information so that there are fewer special export instructions required. Registrars are using Google Maps, MapQuest, and usps.com to help find zip codes for addresses, intersections, etc.

(iii) Null values
- (a) The current "null values" in Trauma One are Not Documented and Not Applicable. The Flagstaff Collector system also transfers null values to ASTR as *ND and *NA.
- (b) NTDS allows for 3 null values: Not Applicable, Not Known and Not Recorded. The definitions are slightly different than those in the ASTR data dictionary.
- (c) Lancet will be upgrading their databases to allow for 3 null values (with corresponding hot keys), but these changes will not be ready by our January 2008 deadline. We will continue to enter two null values until the updates are available. The current option of "Unknown" will be removed from several required picklists.

(iv) There will be several new fields and updated picklists for 2008. These will be explained more clearly in the user manual. New fields discussed in today's meeting:
- (a) Inpatient Admission Status added for reporting purposes. Choices:
  Admitted through ED at your hospital
  Direct Admit at your hospital
  Seen in your ED then transferred out by EMS
  Seen in your ED and released (or refer priv. vehicle)
  DOA or Died in ED

- (b) Prehospital - Transport Type: Necessary for NTDB Data Submission. We need a way to determine which leg of transport pertains to the transport of the patient into the reporting facility. Choices for this field will be:

  1. INTO_REPT_HOSP – Arrival of patient INTO YOUR FACILITY (EMS & non-EMS)
  2. OTHER – Any other prehospital care or transport

  Basically, all prehospital transport information will link to this field and only the leg of transport that pertains to the system code "INTO_RPT_HOSP" will be exported to NTDB.

- (c) Prehospital - Transported From (Origin):
  From Injury Scene
  Jail or Prison
  From Referring Hospital
  From Clinic/Doctor Office
  From Urgent Care Center
  From Nursing Home
  From EMS Rendezvous Point
  From Home but Home was NOT the injury scene
  Other

(d) After ED Disposition, we will add 3 new fields: ED Transfer Reason / ED Discharge Destination Hospital / Discharge Transport Agency

(e) After Hospital Discharge Disposition, we will add 3 new fields: Hospital Transfer Reason / Hospital Discharge Destination Hospital / Discharge Transport Agency

(i) Discussion was held regarding the Destination Hospital picklist choices. After the meeting, Anita confirmed with Utah that the Destination Hospital Lists for iv) and v) should ONLY include acute care facilities. If hospitals would like to collect non-acute facility names to which the patient was discharged, please ask Lancet to create a separate field for your database.

(f) Other important 2008 data entry changes:

(i) ED/Hospital Arrival Date will be mandatory before closing a record. Blank, *ND and *NA will not be allowed. ED Arrival Date will display on the Demographic and ED/Trauma page and will be used to calculate Age (instead of Admit Date). ED Arrival Date must be used for all exports to ASTR. Please do NOT use Admit Date when exporting records to ASTR.

(ii) The current System Access picklist choices will be edited to identify which Inclusion Criteria the patient met to designate them as a trauma patient. Please refer to the new 2008 inclusion criteria when deciding whether or not to enter a patient into the registry for ASTR export. The 3 main inclusion categories are:

1. Triaged from Scene to Trauma Center/ED based on EMS Trauma Protocol OR

2. Trauma Team Activation OR

3. Admitted or Died and met State ICD9 Inclusion Codes (see inclusion criteria for specific inclusion and exclusion codes)

Please note that if a patient meets any of the 3 above options they should be entered in your registry and exported to ASTR. The rules committee that created these criteria was interested not only in obtaining information on traumatically injured patients, but also in tracking trauma resources that are being used statewide. Please read through the 2008 inclusion criteria and let the Trauma Registry Manager know what questions you have. We will talk about this more at the next TRUG meeting in January.

(iii) EMS Transport Agency

1. Picklist choices will be separated into 3 main picklist categories: NO_EMS_CARE, EMS_TRANSPORT, and EMS_NON_TRANSPT. Selecting NO_EMS_CARE will auto-fill *NA for the remaining prehospital data elements. Keep in mind that if a patient did not receive EMS care, there are still some prehospital data elements that must be completed. Not all fields will be marked as Not Applicable.

2. Discussion was held regarding the Transport Agency list and fire departments transporting patients under contracts with PMT and Southwest. Anita discussed this issue with the Bureau of EMS and was informed that every city and town has their own transport agreements and some cities even have transport agreements with more than one CON transport holder. Keeping track of these agreements for picklist purposes would be very tedious and these agreements are not monitored by the Bureau. CON transport holders are licensed by the Bureau of EMS for EMS transports. The CON holder is the agency responsible for the care of that patient during transport. Registrars should enter a valid transport agency from the EMS_TRANSPORT list and not the contract agency. For example, if Glendale Fire transports a patient under a contract with Southwest Ambulance, you would enter

Southwest Ambulance as the EMS Agency. However, if Glendale Fire arrives on the scene and provides care until Southwest Ambulance arrives for transport, the registrar would enter EMS dates/times for Glendale Fire as the First Responder and then enter EMS dates/times for Southwest Ambulance as the Transport Agency. Even if the fire department staff rides along with the patient in a Southwest or PMT ambulance, you would still enter the ambulance company as the transport agency.

(iv) EMS Dates/Times – Current systems require entry of one run sheet date and then all of the EMS times following after. To meet national requirements, a separate date must be entered for each time field.

(v) Interfacility Transfers
1. Interfacility transfer information will be entered differently in 2008. 2008 First Referring Facility information will always pertain to the acute care facility that cared for the patient prior to arriving at your hospital (the reporting hospital). If any other facility cared for the patient before this, you would enter that information as a Second Referring Facility. More information will be provided to clarify this topic.
2. If the Interfacility Transfer field is entered as "No", the system will autofill *NA for the rest of the page.

(vi) AIS and ICD9 will be separated in the new systems so that entry of one code will not affect the body region and severity of the other code. An ICD Injury Severity Score and an AIS Injury Severity Score will be calculated. Only Level I Trauma Centers are required to submit both injury diagnosis codes. All other facilities are required to submit ICD-9-CM final diagnosis codes. AIS 2005 codes will be implemented for 2008 data. No current software exists to map AIS 2005 codes to ICD-9-CM codes.

(vii) Hospital picklists – Interfacility Transfer definition, per NTDS: "Was the patient transferred to your facility from another acute care facility? Patients transferred from a private doctor's office, stand-alone ambulatory center, or delivered to your hospital by a non-EMS transport is not considered an inter-facility transfer." Picklist will be updated to meet these standards. Because this hospital list is also used for the EMS Destination picklist, we will also add a choice for: "Other EMS Dest. (Rendezvous, Airport, etc.)"

(v) Financial Data
(a) Financial Data Fields – Hospital Charges and Hospital Reimbursements are mandatory for 2008 data submitted by designated Level I-III trauma centers. Blank or Not Documented for all records will no longer be accepted.
(b) TRUG discussed how often financial updates will be sent to ASTR. Hospital data is due to ASTR several months after the date that patient arrived at the facility. Every quarter, hospitals should be sending their current required 3 months of data plus any updates for their previous quarter of data. Reimbursement numbers will likely change after the first submission to ASTR. Please submit the previous quarter's financial updates with each current data submission.

e) Once your facility receives the new 2008 database, your hospital trauma registry staff will be responsible for reviewing the system and ensuring that the State required data elements match the specifications of the ASTR data dictionary. Please contact the Trauma Registry Manager ASAP if you find discrepancies.

D) Training/Education

1) Update: December Trauma One software training postponed. The new reporting module is not available and the release date has not yet been determined. TRUG discussed holding a beginning Trauma One training on December 3rd. Anita consulted with Lancet after the meeting and it was determined that the beginning and advanced trainings will need to be re-scheduled. Lancet's main priority for Arizona will be the 2008 changes.

2) ICD-9-CM Injury Diagnoses / E-code training is scheduled for April 30th – May 1st. Gerry Berenholz will be the trainer and she was selected for her extensive experience in ICD9 and E-code injury coding. ADHS will secure the location for the training and the registration fee for participants will be $425. Please mark your calendars for this 2 day training. Participants will need to bring their own ICD-9-CM coding book. Please make efforts to attend, as it is unknown if, and when, this training will be offered in the future. More information on how to register will come by email.

3) American Trauma Society - Trauma Registry Training in January 2008
   a) St. Joseph's Hospital and Medical Center is coordinating with the American Trauma Society to host an ATS Trauma Registry seminar in Arizona January 10-12, 2008. Packets of information were handed out. For more information, please contact Rose Johnson - Rose.Johnson001@chw.edu. Please register as soon as possible so the number of attendees can be determined.
4) AAAM Abbreviated Injury Scale 2005
   a) For more information on the AAAM AIS 2005 training, hospitals can go to www.carcrash.org. The next training is scheduled for Jan 22-24 in California. Arizona will not be hosting an AIS training.

5) Anita is working on setting up a BEMSTS webpage dedicated to Arizona State Trauma Registry. More information to come.

6) TRUG member questions/requests –

   a) TRUG member requested to change set-up of ED Disposition picklist – same choices but separated into different main picklist categories: Admit, Discharge, Transfer, etc. In the interest of time, we will proceed forward with the national picklist choices without any changes.

   b) TRUG member question: Should we add CPR to the prehospital airway management picklist? This question was posed to the Medical Director of the Bureau of EMS. Medical Director indicated this option does not need to be added at this time. "Not RSI - Intubation Unsuccessful" will be added for 2008 (per last TRUG mtg). "Oxygen administration or nasal canula only" will be moved to the top of the list, per request of TRUG member. 2008 Prehospital Airway Management picklist:

OXYG	Oxygen administration or nasal canula only
RSISUC	RSI - Intubation Attempt Successful
RSIUNS	RSI - Intubation Attempt Unsuccessful
INTUNS	Not RSI – Intubation Unsuccessful
BMV	Bag mask valve
CRIC	Cricothyrotomy
EOA	Esophageal obturator (Combitube)
NASO	Nasopharyngeal airway
NETT	Nasal ETT
ORAL	Oral airway
OETT	Oral ETT
TRACH	Tracheostomy
CAPN	Capnography
AUTOV	Autoventilator
NOT	Not performed per documentation
UNK	Unknown (either inadequate or no documentation)
NA	Not applicable, no scene EMS

E) Any system problems to report?
1) The ICD-9-CM data export problems mentioned at the last meeting have been resolved. Please keep in mind that making changes to state required data elements in your system can affect the export of your data to ASTR.

F) Further questions or concerns? None mentioned.

G) Next TRUG meeting? TRUG requested to meet mid-January and review the 2008 changes. Meeting date to be determined.

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Thursday, August 23, 2007 9:30 a.m. – 11:30 a.m.
Location: Arizona Dept. of Health Services
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Attendees:

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Lillian Duncan	Michelle Guadnola	Karen Helmer	Claire Holmes
Rose Johnson	Tara Kennedy	Kelley Lewellyn	Cynthia Marks
Beth Mlenar	Melissa Moyer	Donna Quay	Anita Ray
Eugenia Sims	Philomene Spadafore	Erzsebet Szabo	Cristina Wong
Linda Worthy	Georgia Yee		

A) TRUG member introductions – Welcome to our new TRUG members!

B) Follow-up items from TRUG meeting minutes dated 4/11/07:

1) The American College of Surgeons (ACS) State Trauma System Consultation was held in June 2007. Detailed ACS recommendations regarding the registry and the State trauma system are expected in the next few weeks.

2) Data Export instructions have been updated per TRUG comments
   a) Please remember to select ED Entry Dates when exporting cases to ASTR. It is very important that ALL trauma registry cases have a valid entry for "ED/Hospital Arrival Date" or the case will not export. This field cannot be left Blank, Not Documented or Not Applicable.
   b) Data export instructions were sent out by email. Please be sure to back-date the case range and check the box to include modified cases. If you are unsure on how to run a data export, please contact the Trauma Registry Manager BEFORE running the export. It is very important to follow the export instructions so that your hospital's updates are sent to ASTR.
   c) Most of the Trauma One systems require the State Patient field to be entered as Yes in order for a patient to be exported. If the user forgets to enter this field, the case will not export.
   d) Anita displayed the Trauma One data export utility onto a screen and demonstrated how to run the quarterly export. If you ever need to re-export an entire date range (and not just the updates), please contact the Trauma Registry Manager.

3) Secure ftp site – All reporting hospitals submitted their 1st quarter 2007 data using the secure ftp server. Please email Anita whenever you upload a file using sftp so she can check your folder.

4) Financial data fields and ADHS reporting – Item still pending. Moved to next agenda.

5) Trauma Rules Oral Proceeding held 8/21/07 at 9:30 a.m. Status information can be found at: http://azdhs.gov/diro/admin_rules/trauma_data.htm. It is expected that the new trauma rules will take effect in January 2008.

6) An updated ASTR data dictionary was emailed to TRUG members in May. Please follow these specifications when entering trauma data and let Anita know if you have any questions or comments.

7) AAAM Abbreviated Injury Scale
   a) Per TRUG request, the State required AIS picklist will be updated to AIS 2005 with the 2008 systems. Trauma One users are currently entering AIS codes based on AIS-98. Collector Tri-Code is based on AIS-90. Collector users will not be able to use Tri-Code for 2008 AIS and ICD data. Currently, there is no software available that links ICD-9-CM codes to AIS 2005.

b) Level I facilities are required to submit both AIS and ICD-9-CM final diagnosis codes. The full AIS code is not required from non-level I facilities. Non-level I facilities are required to submit ICD-9-CM injury codes + body region and severity information.

8) Hospital picklist
   a) The State-required hospital picklist needs to be updated. Anita will send out draft changes by email for TRUG review.
   b) Inter-Facility Transfer
      (i) In 2008, the referring facility list will be changed to a separate list. It is currently the same list used for prehospital "Transported From" and "Destination" fields. The national trauma registry has a limited definition of what is considered an "inter-facility transfer." In 2008, the national criteria must be followed.
      (ii) National trauma data definition of an Inter-Facility Transfer: Was the patient transferred to your facility from another acute care facility? Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport is not considered an inter-facility transfer."
      (iii) TRUG decided that the urgent care option will remain on the referring facility picklist, but only one urgent care option will be listed. "Urgent Care Facility" will only be selected if the patient was transported by EMS. Walk-ins who received urgent care but did not come in by EMS are NOT an interfacility transfer per the national definition. MMC staff indicated that Phoenix Memorial ED is now acting as an urgent care. Phoenix Memorial will be removed from the 2008 list and will be entered as an urgent care facility.
      (iv) TRUG also decided that the PHS Kayenta and PHS Supai clinics will remain on the referring facility list and will be selected only if an EMS transport is involved.

9) Transport Agency picklist – The transport agency picklist is very lengthy and some of the choices are redundant. Anita will clean up the list and email to TRUG for review.

C) Data Submission
1) Quarter 1 data was due on July 1, 2007 (ED Entry Dates January - March 2007). Despite several system problems, all facilities have now submitted their first quarter 2007 data. Thank you!!!

2) Anita will be out of the office October 5th – October 29th. The 2nd quarter data submission is due October 1st for ED Arrival Dates April 1- June 30, 2007. Please be sure to submit your quarterly data on time (or even a little early) in case there are problems with your export.

D) Case number verifications for 2005-2006 data have been verified.
1) Inconsistencies between 2005-2006 hospital case numbers and ASTR case numbers were identified and corrected. The discrepancies ended up being a result of: 1) the State patient field being left blank in hospital databases or 2) cases being deleted after State export.
2) If a record is exported to the State and later deleted from the hospital system, the next export will not delete the record from the ASTR system. Anita will create a form to submit when cases are deleted after export.

E) 2006 Quality Check Spreadsheets
1) Thank you to everyone for their hard work and dedication on completing the 2006 quality checks!
2) A list of the quality checks that were run on the 2006 data is included in today's packet. The errors on this list are basic checks looking for common errors observed in the data. 2007 checks will be more extensive.
3) The goal is to create a data quality audit filter that will be provided to all reporting hospitals to run on their data BEFORE submitting quarterly data to ADHS. Anita is working with Lancet to create an audit filter for hospitals and ADHS. Once the audit filter is in place, hospital data will not be accepted unless it has been checked.
4) Any suggestions on additional quality checks that should be included for 2007 data? None mentioned.
5) TRUG members requested to able to run the quality check at the end of individual cases and also at the end of the quarter. TRUG members did not want a separate check to run after each individual field is entered.

F) BLANK Entries for State Required Data Elements
1) BLANK field hospital comparison spreadsheets were provided to users. Reports detected a lot of blank fields in the 2007 data, and there could be several reasons for this.

2) State required data elements cannot be left blank. Please refer to the ASTR Data Dictionary dated 5/8/07 for valid data entry responses for each required field. Starting in 2008, trauma data will not be accepted by ASTR if there are blank fields for State required data elements.
3) Confidential ASTR Blank field lists were given to each hospital (one copy per hospital). Please review your hospital's blank field list, and let Anita know if your blank fields are due to a system problem, data export problem or data entry oversight. Also, please make sure that your hospital's State field blank check report (in Trauma One, under Exception Reports) is up-to-date. If the report is up-to-date, you may run the completeness check for individual cases and by quarter.

G) Trauma Registry Data Reports
1) 2005 and 2006 ASTR Standard Public Reports were updated after the case number verification and quality checks were completed. These reports are available online at: http://www.azdhs.gov/bems/trauma.htm
2) Trauma Registry data reports will be presented to the State Trauma Advisory Board and its quality assurance subcommittees at the next meeting on 9/20/07.
3) Trauma registry data will be included in the annual trauma report that is prepared by the Bureau of EMS and Trauma System that is due to the Director in October. The report will include 2005 and 2006 ASTR trauma data.
4) ADHS will discuss with the State Trauma Advisory Board the confidentiality statutes and the ability to release quarterly and annual case numbers by reporting facility. Trauma data statutes are very strict on what data can be released.

H) Discussion on aligning ASTR with National Trauma Registry Data Standards
1) As mentioned previously, State required data elements will be changed to align with national standards for ED Arrival Dates of January 1, 2008 forward.
2) Anita is documenting detailed system changes for hospital and software vendor review. More information will be provided as it is completed.
3) Anita is also working to update the 2008 data dictionary and user manual for TRUG review.

4) FOR TRUG DISCUSSION: National Trauma Data Standards and data entry of ICD-9-CM final diagnosis codes:
   a) Problems with current hospital ICD-9-CM data entry and ICD interfacing:
      (i) Some facilities interface ICD-9-CM codes from medical records and others manually enter them.
      (ii) Different examples of ICD system problems were given to TRUG members for review. TRUG members commented that a patient may have multiple AIS codes but only a couple of ICD-9 codes, because the two coding scales are different.
      (iii) Two facilities appear to have export problems with ICD-9-CM codes. Lancet will be contacted.
   b) National standards require ICD injury diagnoses be entered in order of significance and this was verified with Dr. Clay Mann in Utah as essential. For 2008 data, ICD-9 interfacing is likely to cause extra work for the registrars to go back into every record, verify all of the appropriate codes were interfaced and then change the order of the codes. Registrars may want to consider manually entering the ICD-9-CM codes at the same time as the AIS codes.
   c) V-codes and patients without any final injuries detected – The request was made to include V-codes for patients who were triaged as a trauma patient or activated the trauma system but had no injuries detected. These V-codes cannot be included on the picklist because this would cause our picklist not to match national standards. If a patient does not have any injuries detected but meets the inclusion criteria, please select "Not Applicable" for the ICD-9 and AIS injury diagnoses fields. Not Applicable in these 2 fields will advise ASTR that no injuries were detected.

5) Changes in system calculations to keep data consistent statewide and nationally
   a) It is very important not to alter your hospital database in a way that changes how State required data elements are calculated. If you notice that one of your State required fields does not match the data dictionary, please contact the Trauma Registry Manager ASAP.
   b) Examples: Some hospital systems are calculating Hospital Length of Stay and Total Days in ICU differently than other facilities. The State required fields must be consistent or the aggregate data using these fields will be invalid.
   c) Questions were raised as to how ICU length of stay should be calculated in order for State standards to meet the national standards. Following the TRUG meeting, Anita emailed Dr. N. Clay Mann

regarding the National Trauma Data Standards and forwarded his response to TRUG. Information regarding ICU Length of Stay (national standards):

(i) "The spirit of this question is to ensure that we not only document time spent in the ICU, but that we also document all who were transferred to the ICU even if for a very short period of time. Thus, if a patient is transferred into an ICU and then is transferred out in less than one day…the total ICU LOS should be calculated as one day. If the patient stays more than one day, or experiences multiple admissions to an ICU, the total time spent in the ICU should be calculated (in hours) and rounded to the next full day increment. Thus, if a patient is admitted to the ICU on two different occasions for a total of 31 hours, the total ICU LOS would be recorded as 2 days."

I) Training/Education

1) ICD-9-CM diagnoses and E-code training is being scheduled for 2008. ADHS will set up the training and registrars will be required to pay a registration fee of approximately $425. The decision was made by TRUG to pursue training options through Gerry Berenholz assuming she can provide training in late April, early May. Anita will follow up with the trainer. The second option is for Phoenix College to develop an injury ICD-9-CM training.
2) AAAM AIS training / American Trauma Society trainings
   a) AIS training was not schedule here in Arizona, as it would require a minimum number of participants and the hosting facility would be responsible for paying the unfilled spots. Hospitals can go to www.carcrash.org for more information on AIS 2005 training. The next trainings are scheduled for Oct 22-23 in Texas and Jan 22-23 in California.
   b) Per Michelle Guadnola, St. Joseph's Hospital is waiting to hear back from the American Trauma Society regarding available dates for an ATS Trauma Registrar course to be held in Arizona.
3) Trauma One software training is scheduled for December 3–5, 2006 and we will be training with the new 2008 reporting systems and data elements. Location TBD. Please mark your calendars, as this training is currently offered only one time per year. ADHS hosts this training and there is no cost to attendees, other than individual travel fees.
4) Anita is working on setting up a BEMSTS webpage dedicated to Arizona State Trauma Registry. More information to come.

J) TRUG member questions/requests –

1) How to handle re-admits? After discussion, it appears that hospitals have different re-admission screens customized to meet their facility needs. A patient re-admitted after discharge for the same injury should not be entered as a new patient.
2) Should we update to the new Triage Criteria picklist from the ACS "Green Book" now? TRUG decision was to update the picklist for the 2008 systems.
3) Can we add the picklist choice "Not RSI - Intubation Attempt Unsuccessful" to the prehospital airway management picklist? TRUG decided the picklist option will be added to the 2008 system. In the meantime, if registrars come across this type of patient, enter any successful airway techniques achieved. This field has a multiple entry picklist and allows the user to select all that apply.

Current prehospital airway management picklist:

RSISUC	RSI - Intubation Attempt Successful
RSIUNS	RSI - Intubation Attempt Unsuccessful
BMV	Bag mask valve
CRIC	Cricothyrotomy
EOA	Esophageal obturator (Combitube)
NASO	Nasopharyngeal airway
NETT	Nasal ETT
ORAL	Oral airway
OETT	Oral ETT
TRACH	Tracheostomy
CAPN	Capnography
AUTOV	Autoventilator
OXYG	Oxygen administration or nasal canula only
NOT	Not performed per documentation
UNK	Unknown (either inadequate or no documentation)
NA	Not applicable, no scene EMS

K) Any system problems to report?

1) Scottsdale Healthcare Osborn will contact Lancet to discuss interfacing of financial data. Reimbursements are not coming over.
2) The ICD-9-CM final diagnosis export at John C. Lincoln North Mountain Hospital and St. Joseph's Hospital needs to be checked.

L) Further questions or concerns? None mentioned. Next TRUG meeting will be November 14th at 9:30 a.m.

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A) Follow-up items from TRUG meeting minutes dated 1/25/07
1) Upcoming 2007 TRUG meeting dates - August 23, 2007 at 9:30 a.m. & November 14, 2007 at 9:30 a.m.

B) Data Submission
1) Quarter 4 data was due on April 1, 2007 (ED Entry Dates October – December 2006). Thank you to those facilities that have submitted trauma data!
2) Data Export instructions were emailed to TRUG – any questions or corrections?
   a) Request was made to add a note about "State Patient" field which can affect export numbers if the cases are not checked as Yes. Anita will update instructions.
   b) Please include a data submission form indicating the number of cases exported.
3) Partial data submission – If your data is not complete at time of data due date, please contact Trauma Registry Manager before you export the data to the State.
4) Confirmation of data receipt – TRUG agreed that data submission form will be sent by hospital using the secure ftp. Anita will print it out, sign and fax back a copy as verification of receipt by ASTR.
5) Update on status of electronic data submission – All reporting hospitals have been set up and the majority of reporting hospitals used the secure ftp to send Quarter 4 data.
6) Follow-up on email regarding submission of financial data - Hospital Charges and Reimbursements – Responses indicate some hospitals are submitting this data, but not all. Some are in the process of setting up an interface. Bureau of EMSTS is in need of financial data for reporting. TRUG members commented on some difficulties in obtaining this information and members were advised to raise any concerns with AZTQ/STAB at the next meeting. TRUG final decision was to leave the financial data fields on the required data element list. More discussion is needed on what updates should be provided to ADHS, as the reimbursements may come in several months later. Smaller facilities do not have an interface and it would be very difficult for them to update the financial data and re-enter it at the next submission.
7) Upcoming task: ADHS will begin to create audit filters to assess the quality of the trauma data being submitted. Data that does not meet the specifications will need to be corrected by facilities.

C) Data reporting at ADHS
1) Updated 2005 ASTR Standard Public Report. Updated version was sent out by email and is available on the Arizona Department of Health's BEMSTS website at http://www.azdhs.gov/bems/trauma.htm
2) ADHS is now running reports on 2006 data. Complete and timely hospital data is essential for accurate reporting. 2006 data will be presented to the State Trauma Advisory Board (STAB) and the Arizona Trauma System Quality Assurance & System Improvement Committee (AZTQ) at their next meeting on 4/19/07.

D) Update on Trauma Registry Rulemaking Work Group meeting
1) Trauma Rulemaking Work Group met several times to discuss patient inclusion criteria, data submission and quality assurance.
2) Rules draft will be presented at the next AZTQ/STAB meeting on 4/19/07 for review.

3) Trauma rules information will continue to be updated at http://azdhs.gov/diro/admin_rules/trauma_data.htm

E) State ACS consult visit scheduled for June 26-29, 2007

F) Updated Trauma Registry Data Dictionary / Required Data Elements

1) A copy of the current State Required Data Elements list is included in today's packets. Data Dictionary will be emailed separately once it is completed.
2) Changes and corrections have been made to the data dictionary since the previous version from June 2006. Changes include: recent updates made to State required picklists in January and February 2007 data entry, addition of the new prehospital airway management field, changes to some of the data element definitions and data entry instructions, and the addition of the Oracle table name for ADHS reporting.
3) Reminder: It is important that facilities are capturing all of the required data elements as outlined in the data dictionary. If you notice that your system is missing any required fields or that a picklist does not match the data dictionary, please notify the Trauma Registry Manager.
4) ED and Hospital Data Elements
   a) Reminder that a valid ED Arrival Date and Time MUST be entered for all cases! This is the date and time of first contact with the patient at your facility, even if patient was not treated in the ED. Field name was changed in data dictionary to ED/Hospital Arrival Date and ED/Hospital Arrival Time.
   b) Additional information on data entry of ED and Hospital fields:
      (i) If patient was seen only in the ED, patient should also have an ED Exit Date/Time. Admit Date, Hospital Discharge Date and Hospital Discharge Disposition would be Not Applicable.
      (ii) If patient was seen in ED and also admitted, all ED and Hospital dates, times and dispositions should be entered.
      (iii) If patient was a direct admit, ED/Hospital Arrival Date and Time will still be entered, along with Admit Date and Hospital Discharge Date. ED Exit Date/Time and ED Disposition would be Not Applicable.
      (iv) Please enter the first recorded vital signs at your facility, the patient final outcome, ICD injury diagnoses, AIS codes, procedure codes, and complications for all patients, irregardless of their admission status. See data dictionary for a list of valid entries for all required fields.
      (v) Please contact Anita if you have questions.
5) Intubated and Paralytic fields
   a) Updated definitions in data dictionary – TRUG discussion revealed that collecting RSI report information from the paralytic and intubated fields would not be correct because these fields are currently used only as GCS qualifiers. The new prehospital airway management field will be updated to include the options "RSI – Intubation Successful" and "RSI – Intubation Unsuccessful" so the advisory board can be provided accurate information for this request. Request from TRUG user was also made to change the system code NONE (for Oxygen) because it is confusing. Anita will export an updated picklist.
   b) Question from TRUG member: "When entering pre-hospital vitals, should the paralytic/sedated field only be filled when a sedative is administered in conjunction with intubation? (For example, if a patient receives versed in the field for any other reason, should that be coded?)" – Code any sedation or paralytics that were administered PRIOR to first recorded GCS assessment.
6) Answers to TRUG email questions on which procedures to enter:
   a) Enter ED and hospital procedures performed at both referring and reporting facility (not EMS procedures). Enter a corresponding location for each procedure performed.
   b) National Trauma Data Standard definitions for procedures:
      - "Major and minor procedure (ICD-9-CM) IP codes."
      - "Operative and/or essential procedures is defined as procedures performed in the Operating Room, Emergency Department, or Intensive Care Unit that were essential to the diagnoses, stabilization, or treatment of the patient's specific injuries."
      - "Repeated diagnostic procedures (e.g., repeated CT scan) should not be recorded (record only the first procedure)."
   c) Additional information from Clay Mann: "We knew that there would be some variation in how folks interpreted "operative and/or essential" (O/E) procedures. The other option was to list every possible O/E procedure and try to keep that list current...which would be a daunting task. The term "operative" should be somewhat very time consuming. When attempting to define O/E, I think you can safely exclude IV's, wound dressings, foleys, and other non-major procedures unless the abstractor, based upon the constellation of injuries, considered that

procedure to be vital to the stabilization, treatment, survival of the patient. These specific circumstances would be rare. Thus, I suggest excluding these items."

7) The required data elements list and data dictionary will be revised extensively for 2008 data entry.

G) EMS Transport and Referring Facility Data Entry

a) Hospital picklist

(i) National trauma registry standards define the inter-facility transfer hospital definition as: "Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport is not considered an inter-facility transfer."

(ii) Discussion was held on which facilities to include in the Hospital/Referring Facility picklists. TRUG members indicated that certain urgent care centers and rural clinics are performing procedures on patients that may be important to track. Anita will request more information by email.

b) All facilities should be able to collect information on a first and a second referring facility. If your system does not allow for this, please contact Anita.

c) Facilities are collecting referring facility information differently. Discussion held on how EMS Transport and Referring Facility information is to be entered.

(i) For current data entry 2006-2007: the referring facility section is to be completed for patients that came from a referring facility into your hospital. Registrars do not need to complete this screen for patients they are referring OUT. Data element changes will not be made until the 2008 system, so continue to collect the referring facility information as outlined in the data dictionary. Additional clarification will be added to the data dictionary to better explain how to enter referring facility information.

(ii) The proposed 2008 data requirements list was reviewed by TRUG.

(a) Decision was made that for 2008 system changes, users will collect all legs of transport prior to arrival at reporting facility in the prehospital/transport section. EMS Provider Type will be added to clarify the different EMS transports. Referring Facility Transport Agency and Referring Facility Type will be removed from this section for 2008.

(b) Additional fields will need to be added after the ED Disposition field and the Hospital Discharge Disposition field to capture information on transfers of patients OUT of the reporting hospital (Add: ED Discharge Destination Hospital, Transport Agency, Transfer Reason / Hospital Discharge Destination Hospital, Transport Agency, Transfer Reason.)

d) Transport Agency picklist

(i) Anita will email a request for updates.

(ii) Question from TRUG member: "We have been using the GS0046 code for Southwest Ambulance when they are the transporting agency. There are other Southwest Ambulance codes, so we'd like to be sure we're using the correct one." – Answer: Southwest Ambulance holds several different ambulance certificates from the Bureau of EMSTS so they do appear more than once in the list. Please select the option that best applies.

(iii) Also, keep in mind, when cities are listed with the transport agency name, this city is where the ambulance company is based (per EMS list), not necessarily where the actual ambulance drove from before it picked up the patient.

H) Discussion on aligning ASTR with National Trauma Registry Data Standards

1) At the last meeting, TRUG discussed timeframes for implementing changes to align the ASTR with national standards. Decision was made by TRUG to implement system changes starting with data entry for ED Arrival Dates of January 1, 2008 forward. This decision was made to allow sufficient time to carry out the necessary changes and prevent the reporting problems that come up when making numerous changes in the middle of the year.

2) Review and approval of new ASTR Required Data Elements list for 2008 ED Arrival Dates. No changes were requested to the required data elements list other than those mentioned above in agenda item G(c)(ii).

3) Opinions on a central web-based system – not discussed.

4) As we move forward, detailed information on required system changes will be provided to TRUG.

5) User manual is being updated for new national data elements and updated definitions.

I) Training

1) Anita is gathering information on available ICD-9-CM diagnosis/E-code trainings.

2) AAAM AIS training – Anita is attending the AAAM training at the end of the month and will inquire on training options. Rose Johnson indicated St. Joseph's may be willing to host an AIS 2005 training. Anita will check with Lancet regarding when the upgrade to AIS 2005 can be completed.
3) When to schedule next Trauma One and Collector software trainings? – Hospitals will be receiving updated systems to match national standards for data entry starting January 1, 2008. TRUG decision was to try to schedule the next software training in December before users go live with the new system, and after one of the facility's ACS site visit in November. Anita will check if December is ok for software vendors.

J) Additional questions from TRUG members – None mentioned.
1) Question regarding pre-hospital Triage Criteria: "One of the options is open and depressed skull fracture. Is it feasible to use this criteria when EMS has documented "depressed" skull fracture with no documentation of whether it is open vs. closed?" – New ACS guidelines have changed this criteria to read: "open or depressed skull fracture." You may select this triage option if it is open or depressed.

K) Any system problems to report? – None reported.

L) Further questions or concerns? – None reported.

Arizona Department of Health Services
Arizona State Trauma Registry (ASTR)
Bureau of EMS & Trauma System / Bureau of Public Health Statistics
Trauma Registry Users Group (TRUG)

Trauma Registry Users Group (TRUG) Meeting Minutes

Thursday, January 25, 2007 9:30 a.m. – 11:30 a.m.
Location: Arizona Dept. of Health Services
1740 W. Adams Phoenix AZ 85007
4th Floor – Room 411 Conference Room
Contact: Anita Ray 602-542-1245 raya@azdhs.gov

1/25/07 Attendees:

Paul Bowlby	David Harden	Tara Kennedy	Anita Ray	Linda Worthy
Jane Burney	Karen Helmer	Kelly Lewellyn	Eugenia Sims	Georgia Yee
Vatsal Chikani	Valerie Hill	Beth Mlenar	Regina Villa	
Vicki Conditt	Claire Holmes	Melissa Moyer	Jeanette Williams	
Kathi Coniam	Rose Johnson	Donna Quay	Cristina Wong	

A) Follow-up items from TRUG meeting minutes dated 11/14/06
   1) Process for importing/exporting updated picklists
      a) Trauma One users tested the picklist import process at the beginning of this month. Protective Devices, ED Disposition, Hospital Discharge Disposition, and Transport Agency picklists were updated for Jan, 1, 2007 data entry due to problems with the picklists. Users commented that the picklist update works correctly and agree with future updates being handled in this manner. Collector users will contact Digital Innovation for assistance.
   2) Update from hospitals on status of electronic data submission
      a) As of 1/25/07, one facility had tested the secure file transfer protocol (sftp). User enrollment forms and instructions were emailed to each facility on 12/14/06. Please check on the status of your facility's electronic data submission and let Anita know if you need assistance. The ADHS ITS department is working on sftp for trauma registry, hospital discharge, cancer registry, and birth defects registry. It is important that the process is implemented as soon as possible to meet project time frames.
   3) Email review of the Trauma Registry User Manual – Anita is working to update the user manual with more information from the national data dictionary. More review pages will be emailed when completed.
   4) ED Exit Time definition (Refer to agenda item D1)
   5) National Trauma Registry Data Standards (Refer to agenda item E)

B) Updated 2005 Standard Public Report
   1) Sent out by email to TRUG members and available on the Bureau of EMS and Trauma System website.
   2) Request was received to add caveats to the 2005 report identifying limitations of the data. From the reports, it is apparent there are errors in the data. Data limitations will be added to the cover page and an updated copy will be posted on the ADHS website. Copies of the Standard Public Report will continue to be posted on the BEMSTS website.

C) Update on Trauma Registry Rulemaking Work Group
   1) Rulemaking work group met on 1/10/07. Next meeting scheduled for 2/13/07.
   2) Trauma Registry Inclusion Criteria (C1) reviewed. A copy of the suggested revisions is included in today's packets. Cristina Wong indicated that the revision would capture too many "treated and released" patients that should not be included in the registry. She will discuss this at the next rulemaking meeting. Please let Anita know if you have any other comments.
   3) For trauma rule updates, check the website link http://azdhs.gov/diro/admin_rules/trauma_data.htm.

D) Update from State Trauma Advisory Board (STAB) and Arizona Trauma System Quality Assurance & System Improvement Committee (AZTQ)
   1) Meetings held on 1/25/07. Next meetings scheduled for 4/19/07.
   2) Trauma Registry issues discussed at AZTQ/STAB meetings:

a) Clarification on ED Exit Time (D1) – Discussion was held by AZTQ regarding whether ED Exit Date is the time that the patient physically leaves the ED or the time the patient's admission status changes. AZTQ requested TRUG define the ED Exit fields so that the information is being collected consistently among facilities.
   (i) Discussion held: TRUG decision - the definition of ED Exit Date/Time will be the time that the patient physically leaves the emergency department. In some facilities, a patient may be cared for in the emergency room area by a transitional unit. This change in level of care will also be considered ED Exit. Hospital admission time will not be added at this time.

b) Injury coding required elements - AAAM AIS full code and ICD-9-CM diagnosis codes
   (i) AZTQ/STAB decision regarding coding: Level I facilities will continue to be required to report both AAAM AIS full codes and ICD-9-CM diagnosis codes. Level I facilities may report their Injury Severity Scores based on AIS codes. Level II-IV facilities will be required to report only the ICD-9-CM diagnosis codes and may continue to use the ICD-9-CM mapping in registry software to calculate the Injury Severity Score. Note: For some injuries, ICD mapping will result in a more conservative measure of ISS.
   (ii) Training of staff in AAAM AIS coding is expensive and cannot be covered by ADHS. Hospitals will be required to pay for the cost of training their registrars in AIS. Suggestion was made by TRUG member that expert users become certified and train other users statewide. AIS is proprietary so we would need to check if this option is allowed. Another suggestion was made that ASTR host AIS training in Arizona and require the hospitals to pay fees per registrar. This would save the hospitals travel fees.
   (iii) Software vendors have not yet implemented AIS 2005 updates. More information is needed for when these updates will be available and what they will cost. Cristina Wong has information from Lancet that she will forward to ASTR. Flagstaff is waiting for updates to be ready for Collector.

c) Inter-rater reliability
   (i) Report from Georgia Yee – ADHS has been in communication with national trauma registry staff regarding how to assess the inter-rater reliability between our registrars. Sample cases will be sent out to registrars for abstracting and responses will be compared. More information to come.

d) National Trauma Registry Data Standards
   (i) AZTQ and STAB are in agreement with aligning ASTR data elements with the American College of Surgeon's national trauma registry data standards.

e) Audit Filters / Trauma System Quality Assurance reports (see samples-D5)
   (i) Quality assurance and trauma system improvement reports were run on 2005 trauma data and presented to AZTQ/STAB. These types of reports will continue to be created to help assess the trauma system and make improvements in the transport and care of injured patients. There were several problems with the data that made it difficult to run the requested reports. Examples include: missing injury dates, data entry errors for time and date fields affecting the length of stay, lack of referring facility information, missing ICD-9-CM codes, and missing final outcome. It is very important that we have complete and accurate trauma data to provide to the trauma advisory and quality assurance committees. Audit filter checks need to be created to assess the data.

E) Discussion on aligning ASTR with National Trauma Registry Data Standards (E1-3)

1) Changes required to match NTR
   a) A draft spreadsheet is included in today's packets indicating differences between ASTR data elements and national standards. Fields would need to be added, picklists updated, and system changes made, but the number of changes are not tremendous. Some of the facilities using custom systems may already be collecting the extra elements.
   b) As we move forward, Anita will send out a spreadsheet to each hospital requesting information on what your facility is already collecting.
   c) Time frames for implementing changes to align the ASTR with national standards: Discussion held. <u>Decision was made by TRUG to implement system changes starting with ED Arrival Dates January 1, 2008 forward.</u> This decision was made to allow sufficient time to carry out the necessary changes and prevent the reporting problems that result when making numerous changes in the middle of the year.

2) Issues with specific fields
   a) Race multiple selections? – National standards allow for the collection of multiple race categories per patient. TRUG members indicated it is difficult to obtain race/ethnicity information. Decision was made by TRUG not to collect multiple race categories.

b) Transport Type/Transport Agency
   (i) National standards have a field called transport type. The current ASTR Transport Agency picklist has turned into a combination of transport type and transport agency. Revision of the transport agency field will be necessary if we update to match national standards.

c) Pre-hospital and Hospital Procedures
   (i) National trauma standards require collection of only ED and Hospital ICD-9-CM procedures in the ICD-9-CM procedures field. The ASTR procedure field is set up to collect procedures performed on patient at any level of care, including at the scene or en route from scene.
      (a) Discussion was held regarding EMS interventions. Request received from the medical director of BEMSTS to collect information on pre-hospital airway management.
      (b) Pam Goslar indicated that research is being conducted by Dr. Denninghoff in Tucson to assess the safety of rapid sequence intubation (RSI). She indicated that ADHS may want to contact the university to see what research is already being done. TRUG members added that RSI factors have to be reviewed differently when comparing urban and rural transports.
      (c) TRUG decision: A new pre-hospital airway management field will be added with the picklist choices below. (Picklist based on an adaptation of the Utah Trauma Registry picklist with BEMSTS/TRUG suggestions.)

ATT	Attempted and documented unsuccessful
BVM	Bag valve mask
CRIC	Cricothyrotomy
EOA	Esophageal obturator (Combitube)
NASO	Nasopharyngeal airway
NETT	Nasal ETT
ORAL	Oral airway
OETT	Oral ETT
TRACH	Tracheostomy
CAPN	Capnography
AUTOV	Autoventilator
NONE	Oxygen administration or nasal canula only
NOT	Not performed per documentation (other than NONE)
UNK	Unknown (either inadequate or no documentation)
NA	Not applicable, no scene EMS

      (d) Anita will talk to software vendors about time frame for addition of the new field. As soon as this new field is added, pre-hospital procedures will no longer be entered into the required Procedures Performed field. This field will be used for ICD-9-CM procedures that are performed anywhere in referring facilities and reporting facilities.
      (e) Procedure Location will continue to be required. "Pre-hospital", "Scene" and "En Route from Scene" will be removed from the Procedures Location picklist.

d) ICD-9-CM diagnosis codes are not being entered in order of significance. TRUG members indicated this is too time-consuming when using hospital interfacing or in cases where another diagnosis needs to be added after-the-fact. Anita will talk to Lancet about sorting ASTR ICD-9-CM codes.

e) Anita expressed the importance of entering E-codes in order of significance. Only one E-code is currently required by ASTR. Some facilities collect more than one E-code so it is very important that the primary external cause of injury be entered first for correct import into ASTR.

F) Other questions asked by TRUG members

1) Hospital Discharge disposition question – If a patient is discharged home but custody is taken by law enforcement, what hospital disposition would the patient be given? TRUG consensus: "Discharged home, with no home services."

2) Protective Devices and "Restrained". Question was raised as to what protective devices to enter when the EMS run report indicates "restrained" and does not indicate what type of restraint. TRUG decision: "Lap Belt" will be marked for adults and children when an EMS run sheet is marked only as restrained. A caveat will be added to protective device reports which outlines that registrar has been instructed to enter "Lap Belt" when the only pre-hospital information is that the patient was restrained. BEMSTS staff can also work with EMS councils to educate the EMS providers regarding the importance of clearly documenting protective device information.

G) Set dates for 2007 TRUG meetings
   1) Anita to email dates for remaining 2007 TRUG meetings. 9:30 a.m. determined to be a good starting time.

H) Any system problems to report?
   1) During TRUG discussion, St. Joseph's Hospital indicated their hospital's Procedure Location picklist does not match what is currently required by ASTR. Picklist needs to be updated.
   2) Important notes: If your facility is collecting data elements not required by ASTR, that information is not being downloaded to the State. It is important that registrars check that all required data elements are being completed as outlined in the data dictionary. If you notice that your system is missing one of the required fields or that your picklist does not match the data dictionary, please notify Anita.

I) Additional questions or concerns? - None mentioned.